

UTILITY

PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 248234US0

First Inventor or Application Identifier Keiko SHIRAIISHI, et al.

Title TONER FOR FORMING IMAGE, METHOD FOR DEVELOPING ELECTROSTATIC
LATENT IMAGE, METHOD FOR FIXING TONER IMAGE, IMAGE FORMING METHOD
AND PROCESS CARTRIDGE USING THE TONER

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification Total Sheets
3. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets
4. ☒ Oath or Declaration Total Pages
a. ☒ Newly executed (original)
b. ☐ Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation/divisional with box 17 completed)
i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in
the prior application, see 37 C.F.R. §1.63(d)(2) and
1.33(b).
5. ☐ CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. ☐ Computer Readable Form (CRF)
b. Specification or Sequence Listing on :
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ Paper
c. ☐ Statements verifying identity of above copies

ADDRESS TO: Commissioner for Patents
Mail Stop Patent Application
Alexandria, Virginia 22313

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☒ Application Data Sheet. See 37 CFR 1.76
9. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations (2)
12. ☐ Preliminary Amendment
13. ☒ White Advance Serial No. Postcard
14. ☒ Certified Copy of Priority Document(s) (1)
(if foreign priority is claimed)
15. ☐ Applicant claims small entity status.
See 37 CFR 1.27
16. ☒ Other: Request for Priority, List of Related Cases,
Cited Pending Applications (22)

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:
Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

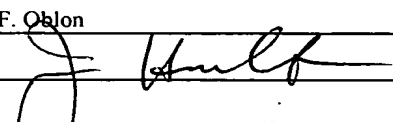
18. CORRESPONDENCE ADDRESS

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16591 U.S. PTO
10/772435



Docket No. 248234US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Keiko SHIRAISHI, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: TONER FOR FORMING IMAGE, METHOD FOR DEVELOPING ELECTROSTATIC LATENT IMAGE, METHOD FOR FIXING TONER IMAGE, IMAGE FORMING METHOD AND PROCESS CARTRIDGE USING THE TONER

FEE TRANSMITTAL

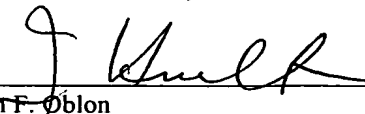
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ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	21 - 20 =	1	x \$18 =	\$18.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$770.00
TOTAL OF ABOVE CALCULATIONS				\$788.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
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- ☐ Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of to cover the filing fee is enclosed.
- ☒ Credit card payment form is attached to cover the filing fee in the amount of **\$788.00**
- ☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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